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CONFIRMATION NO. 4617

<b>SERIAL NUMBER</b> 10/777,621	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 2820/103
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**APPLICANTS**  
Edward L. Goodwin, Canton, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 10/685,647 10/15/2003 ABN which is a CIP of 10/273,985 10/18/2002 ABN *TS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*-None- TS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
05/07/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
02101

**TITLE**  
Washable protective pad

<b>FILING FEE RECEIVED</b> 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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